

PREPARATION AND MAILING INSTRUCTIONS
FORM DPA 2292, ADJUSTMENT

Form DPA 2292, Adjustment, may be submitted by the provider only for a service for which payment has been made by the Department and reported on Form DPA 194-M-1, Remittance Advice. It cannot be used to correct a rejected service or to correct a suspended invoice.

A facsimile of the three-part carbon-interleaf adjustment form is included in this appendix. When initiated by the provider, the form should be either typewritten or legibly hand printed. The following explanation and instructions for completion correspond with the numbered entry fields on the adjustment form:

1. Document Control Number - Leave blank. This field will be completed by the Department.
2. Provider Name and Address - Enter the provider's name and address as it appears on the Provider Information Sheet.
3. Provider Number - Enter the provider's number exactly as it appears on the Provider Information Sheet. Do not use any spaces, hyphens, etc.
4. Payee - Enter the number of the payee to which payment was made. Payees are coded numerically on the Provider Information Sheet. This entry is mandatory.
5. Provider Reference (Prov. Reference) - Completion of this field is not required; however, the numerical and/or alphabetical characters (up to a maximum of 10) utilized in the provider's accounting system for identification purposes may be entered.
6. Voucher Number - Enter the eight digit number which appears in the lower left corner of the Remittance Advice which reported payment of the service.

Entry in fields 7 through 14 must be completed on all forms submitted for Adjustment Types 01 through 03 (see Item 14 below) as follows:

7. Document Control Number - Enter the Document Control Number which appears in the first column on the left (in the first line for each invoice reported) on the Remittance Advice. (This number identifies the specific claim form previously submitted to the Department.)
8. Service Section (Serv. Sect.) - Enter the appropriate Service Section number to identify the specific Service Section to be adjusted. This number appears on the Remittance Advice (first column on the left).
9. Date of Service - Enter the date of service in the MMDDYY format as it appears on the Remittance Advice, for the particular item or service to be adjusted.

APPENDIX A-11(2)

10. Item or Service - Enter the procedure code of the service to be adjusted as it appears on the Remittance Advice.
11. Recipient Name - Enter the name exactly as it appears on the Remittance Advice (first and last name).
12. Recipient Number - Enter the nine digit number as it appears on the Remittance Advice.
13. Date of Birth - Enter the date of birth as it appears on the provider's copy of the invoice being adjusted.
14. Adjustment Type (Adj. Type) - On all provider initiated adjustments, one of the following codes must be entered to identify the reason the adjustment is being requested:

01 Third Party Collection

This code is to be used when payment is received for a claim from another source after payment was made by the Department. Repayment, up to the amount received from the Department, must be made.

02 Billing or payment error on an individual Service Section detected by the provider.
This code is to be used when the provider determines:

1. payment was made based on erroneous information entered in a Service Section of the invoice such as an incorrect procedure code or charge;

or

2. a Service Section was paid in error, e.g., a duplicate payment, a payment made on behalf of a client unknown to the provider, etc.

03 Reconsideration

This code is to be used if, in an unusual instance, the provider wants to ask that the Department review and determine whether special circumstances may permit a change in the amount paid for a specific service.

04 Total Warrant Amount Paid in Error

This code is to be used only in the event that adjudication information shown on the accompanying Remittance Advice (Form DPA 194-M-1) indicates that the total amount of the warrant has been issued in error, e.g., payment issued to the wrong provider.

The following entry fields are to be completed for provider initiated adjustments as specified below:

15. Item or Service - This field is used only when the original claim contained an error in the entry of the procedure code number by the provider or when the Remittance Advice returned to the provider showed a procedure code different from that originally submitted. Enter the correct procedure code or drug item number which should have appeared.
16. Quantity - Not applicable to speech-language therapy services.
17. Charge - For Adjustment Type 01, enter the correct charge (amount allowed and paid by the Department).

For Adjustment Type 02, when the reason for adjustment is a billing or payment error, enter the correct charge.

For Adjustment Type 03, enter the charge as it appears on the provider's copy of the invoice.
18. TPL (Third Party Liability) Code - For Adjustment Type 01, enter the appropriate code, as shown in Section III, General Appendix 9, to identify the type of third party from whom payment was received.
19. TPL Amount - For Adjustment Type 01, enter the exact amount received from the third party payer. If the third party payment exceeds the Department's payment, enter the amount received from the Department. (Note that a line distinguishing cents has been pre-printed.)

When reporting an error in the original TPL amount which appeared on the invoice, enter the difference.
20. Reason Adjustment Requested - The provider must enter a brief, understandable explanation of the reason the adjustment is being requested. This entry is mandatory on all adjustments.
21. Provider Certification and Signature - After reading the certification, the provider or an authorized representative must sign the completed form. The individual must sign his/her own name. The signature must be handwritten in black or dark blue ink (a stamped or facsimile signature is not acceptable). Unsigned adjustments will not be accepted by the Department and will be returned to the provider when possible.
22. Date - The date to be entered is the date the adjustment form is signed. This entry may be either handwritten or typed.

SUBMITTAL INSTRUCTIONS

Before mailing the adjustment form, review it for completeness and accuracy.

The original (goldenrod) and second (blue) copies are to be submitted to the Department. The third (yellow) copy should be retained by the provider. The adjustment form (and any attachment, if applicable) is to be mailed in the pre-addressed mailing envelope, Form DPA 1416, Adjustment Envelope, which is provided by the Department for this purpose.

DEPARTMENT ACTION ON ADJUSTMENTS

The Department of Public Aid, upon receipt of a provider-initiated adjustment, or upon the determination of the need for the Department to initiate an adjustment, will take the following steps as appropriate:

1. Assign a Document Control Number: A unique number will be entered (in the field at the top right corner of the form) on all adjustments. This number will identify the particular adjustment in Department files.
 2. Complete the informational section in the upper portions of the form, as appropriate, for adjustments initiated by the Department.
 3. Finalize the adjustment action by reviewing the information submitted and completing, as appropriate, the entry fields in the lower portion of the form as follows:
23. Process Type - This field identifies how the adjustment has been processed by the Department. It is a two digit number followed by either C for Credit or D for Debit. The following list describes the various process types and identifies whether each can be a credit, a debit, or either.

01 - Credit or Debit

The third party liability credit adjustment is used when the provider reports either:

- 1) the omission of TPL payment data on the original invoice, e.g., when TPL payment was unknown at the time of billing
- or
- 2) when a third party payment or amount was incorrectly entered on the invoice, e.g., \$10.00 instead of \$100.00.

When the Process Type is 01C, the credit amount will be automatically recovered from future payments due the provider from the Department.

The third party liability debit adjustment is used when the provider, for example, incorrectly entered the third party payment amount on the invoice as \$100.00 instead of \$10.00.

03 - Credit or Debit

This process type is used when the Department has approved the provider's request for reconsideration.

05 - Credit Only

This type reports the receipt and processing of the provider's check submitted in response to findings of an audit conducted by the Department.

06 - Credit Only

This type represents an audit recoupment (a financial recovery following an audit by the Department). Such credits will be collected from future payments.

07 - Credit Only

This process type is used when an entire voucher is to be voided due to return of a personal check or return of a state warrant by either the provider or the State Comptroller. This is a Mass-To-Detail Adjustment which will be used by the Department to create a voiding transaction for each payable invoice appearing on the original voucher.

08 - Credit Only

Similar to Process Type 07, Type 08 is also a Mass-To-Detail Adjustment which posts an adjustment to every payable invoice on the voucher identified in Item 6 of the adjustment. This process type will generally be used when the provider submits adjustment type 04. This credit will be recovered from future payments made to the provider.

When an entire voucher or warrant is voided (Process Type 07C and 08C), the Department will run a special computer program to identify in its records the individual invoices which are being adjusted. For process types 07C and 08C, the provider may contact the Bureau of Comprehensive Health Services (telephone (217) 782-5565) to request a detailed listing of the individual invoices adjusted since these Mass-To-Detail Adjustments will be reported as a single adjustment on Form 194-M-1, Remittance Advice, and shown as "Mass Adjustment" in the first column on the left.

Mass-To-Detail Adjustments will be processed only once a month; therefore, reporting of their adjudication may take longer than routine adjustments.

09 - Credit or Debit

Credit - This process type is created by the Department when a separate adjustment has been processed to void an invoice. Type 09C is necessary only when the voided invoice had contained a debit adjustment. Because the Department only processes debit adjustments to valid paid claims, debit adjustments must be recouped when the original service is voided. Type 09C adjustments will be collected from future payments due the provider.

Debit - This adjustment can be initiated only by the Department in unusual circumstances. The provider will be contacted by staff of the Bureau of Comprehensive Health Services prior to receipt of an adjustment for Process Type 09D.

14 - Credit Only

This process type is used when the provider submits a check representing payment by a third party resource.

17 - Credit or Debit

This process type is initiated when a third party resource payment is identified by the Department.

18 - Credit or Debit

This process type identifies correction of estimated TPL credits when the final payment amount has been determined.

19 - Credit Only

This process type is used when the provider submits a check to void Department records of an individual service.

20 - Credit Only

This process type is used when the provider submits a check for a portion of the Department's payment on a single service.

21 - Credit Only

This process type is used when the Department records of an individual service are to be voided and the adjustment amount is to be recovered from future payments.

22 - Credit or Debit

This process type is used to adjust the amount of the Department's payment for a single service.

- 24. Category of Service - A two digit entry will appear identifying the category of service under which the original payment was issued.
- 25. Credit Amount - This is the total amount of credit due the Department as a result of the adjustment action. (It may be possible to deduct the total credit from one warrant or it may be necessary to make a deduction from more than one warrant.)

When a check has been submitted, the amount of the check will be entered here.

- 26. Debit Amount - This is the additional payment amount approved by the Department as a result of the adjustment action.
- 27. Credit Percent - Written as (000.00). This field is used only when Item 23 (Process Type) is 06C. This value represents the percent of each payment to the provider that will be recovered and applied to the total amount to be recovered.
- 28. Begin Date - Beginning date of a range of dates during which an Audit Recoupment (06C) may be applied.
- 29. Thru Date - Ending date of the span of days during which an Audit Recoupment (06C) may be applied.
- 30. Old Rate - Not applicable to physician services.
- 31. New Rate - Not applicable to physician services.
- 32. Error Code - For Department record keeping only.
- 33. Reason Adjustment Made or Denied - This is a brief explanation by the Department justifying either the approval or denial of the adjustment.
- 34. Employee - A three digit number which designates either the individual or unit which completed the required data fields.
- 35. Date - The date on which the adjustment was reviewed. The format is MMDDYY.
- 36. Authorized IDPA Signature - The signature of the person completing the adjustment action.

APPENDIX A-11(8)

Return a copy of the finalized adjustment form to the provider. The second (blue) copy of the adjustment form will be mailed to the provider as notification that the adjustment has been either approved or denied. The provider should use the Document Control Number shown on the (blue) Adjustment copy to check future Remittance Advices for reporting or adjustment action. (Refer to Appendix A-9 for an explanation of entries on the Remittance Advice.)